

## TDH CERTIFICATION NOMINATION FORM

### TEXAS DEPARTMENT HEALTH RETAIL FOODS DIVISION

Return the completed nomination form to: Texas Department of Health, Retail Foods Division,  
Accreditation and Training Branch, 1100 W. 49th St. Austin, TX 78756 or FAX (512) 719-0262.

#### APPLICANT INFORMATION

<b>Candidate's Name:</b> (Certificate Name...Please Print)		<b>Title:</b>	
<b>Agency:</b>		<b>Dates of Service:</b>	
<b>Home Telephone Number:</b>		<b>Office Email Address:</b>	
<b>Office Telephone Number:</b>		<b>Office Fax Number:</b>	
<b>Office Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>

#### ELIGIBILITY INFORMATION

<b>Formal Education/Training:</b>

<b>Present Retail Food Protection Duties/ Date Assigned:</b>

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<b>Present Duties Conducting Food Safety Training and/or Standardization / Date Assigned</b>

<b>Continuing Education:</b> (List hours of education with course titles/dates, within the last 2 years)
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Note: 20 contact hours minimum to qualify for nomination.

Course	Hours	Date

<b>Other Prerequisites Completed Within the Past 3 Years:</b> (One box must be checked)
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1 year of full time experience in retail food establishment inspections:
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**G**

100 food establishment inspections within the past 3 years:
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**G**

Our local health jurisdiction adopted the Texas Food Establishment Rules : **G** Yes **G** No

**SUPERVISOR' SIGNATURE** (Confirming request for nomination):

**NAME** (Signature): \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME** (Print): \_\_\_\_\_ **TITLE** (Print): \_\_\_\_\_

**For Office Use Only:**

**G** ROUTINELY ENGAGED IN RETAIL FOOD PROTECTION PROGRAM WORK

**G** JOB RESPONSIBILITIES CONDUCTING FOOD SAFETY TRAINING AND/OR STANDARDIZATION

**G** 20 CONTACT HOURS OF TRAINING

**G** 1 YEAR FULL TIME EXPERIENCE OR 100 FOOD ESTABLISHMENT INSPECTIONS

COMMENTS: \_\_\_\_\_

**G** APPROVED **G** DISAPPROVED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASSIGNED TO: \_\_\_\_\_ **G** CENTRAL OFFICE **G** REGION REGION # \_\_\_\_\_